

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/762161

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
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20	/		/		/	
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23	/		/		/	
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25	/		/		/	
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37	/		/		/	
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39	/		/		/	
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41	/		/		/	
42	/		/		/	
43	/		/		/	
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50	/		/		/	
TOTAL IND.	5		4		1	
TOTAL DEP.	78		79		44	
TOTAL CLAIMS	83		83		45	

	*		*		* B	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		/
52		/		/		
53		/		/		
54		/		/		
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72		/		/		
73		/		/		
74		/		/		
75		0		0		/
76		0		0		/
77		0		0		/
78		0		0		/
79		0		0		/
80		0		0		/
81	/			/		/
82		0		/		/
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS